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12 Number of Pages (including this page)

Date: June 16, 2005
To: Bashore, Alan L. - 3624
Location: United States Patent and Trademark Office
Fax No.: 703 872 9306
From: James A. Lamb - 38,529
Subject: 10/029,107- OLSON ET AL.

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MESSAGE:

Enclosed herewith, please find an amendment for filing in the below-identified application.

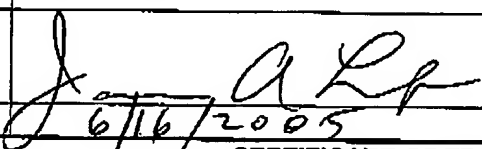
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EXAMINER: Bashore, Alan L.
GROUP ART UNIT: 3624
SERIAL NO.: 10/029,107
FILED: 12/20/2001
INVENTOR: OLSON ET AL.

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TRANSMITTAL FORM	Application Number	10/029,107	
	Filing Date	12/20/2001	
	First Named Inventor	OLSON ET AL.	
	Group Art Unit	3624	
	Examiner Name	Bashore, Alan L.	
Total Number of Pages in this Submission	Attorney Docket Number	CM03409J	

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	James A. Lamb	Registration No.	38,529
Signature			
Date	6/16/2005		

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